CHAPTER 1

I.   SUMMARY OF STATEWIDE FINDINGS RELATED TO LOCAL PUBLIC HEALTH AGENCY ORGANIZATIONAL CAPACITY - 2004

Progress is noted from 2003 to 2004 in a number of dimensions of capacity to provide essential public health services. All agencies now have a system to assure that staff can be contacted at all times if emergencies occur or communicable diseases need to be reported. Agencies are more likely to use the MOHSIS system to report and track infectious diseases, making it easier for public health authorities everywhere to be aware of disease outbreaks. Agencies are reporting increased use of technology such as Geographic Information Systems (GIS). An increasing number of agencies have their own web site to share information with the public, and a number of agencies have developed alternative capacity to communicate during disaster situations.

Availability: 16% of local public health agencies in Missouri reported they are open for business at their main facility less than 40 hours a week during 2004. Most agencies (64%) serve the public between 40 and 44 hours each week, and 20% are open 45 hours or more each week. (See Graph 1.1 and Data Table 1.1)

Satellite Locations: 23% of agencies report having branch locations, down from 27% in 2003. Of the 26 agencies with branch offices, most (77%) have only 1 site. The remaining agencies have from 2 to 10 separate branch locations. Twenty-seven percent (27%) of branch offices are open to provide services only 1 to 5 hours per week while 65% are open 16 or more hours each week. (See Graphs 1.2.1 & 1.2.2 and Data Tables 1.2 ,1.2.1 & 1.2.2)

Emergency Contact: 100% of agencies have a system to receive notification and respond to emergencies at all times of the day or night. Cell phones are relied upon by 94% of agencies for after-hours communication, and 75% of agencies provide cell phones for their key staff. Fifty-five percent (55%) of agencies use pagers. Agency staff is contacted after hours by 911 centers, a local law enforcement agency or by an answering service. (See Graphs 1.3.1 & 1.3.2.1 and Data Tables 1.3.1 & 1.3.2.1)

Public Health Business Off Site: over half (53%) of agencies report that from 25% to 49% of their business is conducted outside of their facility. Twenty-six percent (26%) of agencies report that 50% or more of public health business is conducted off site. (See Graph 1.4 and Data Table 1.4)

Billing for Services: 98% of agencies bill Medicaid for services, 82% bill Medicare, and 31% bill private insurance companies (up from 28% in June 2003). A majority of agencies (76%) charge their clients for some services. Fifty-four local public health agencies (47%) also receive payment for services they provide to other agencies. (See Graph 2.1 and Data Table 2.1)

Technology: fewer agencies (68%) report being connected through MOHSAIC for WIC than in 2003 when 91% reported using MOHSAIC for WIC. Other MOHSAIC applications used by local public health agencies include Vital Records (96%), and Immunizations (99%).

Ninety-three percent (93%) of agencies reported using MOHSIS for Communicable Disease Reporting and Investigation (up from 80% in 2003). The percentage of local agencies with a web site increased from 41% in 2003 to nearly half (49%) in 2004. Thirty-eight agencies report having an Internet Service Provider other than the DHSS network. Twenty (20) agencies (18%) reportedly use GIS technology for public health purposes like tracking sewage systems, water well locations, lead testing results, communicable diseases, or other applications. (See Graphs 3.1.1 thru 3.1.7.6, and 3.3 thru 3.9 and Data Tables 3.1.1 thru 3.1.7.6 & 3.3 thru 3.9)

Communications Technology: Twenty-five percent (25%) of agencies reportedly have UHF radio capabilities and 46% report having VHF capabilities. Only 6% of agencies have HF-2-way radio capabilities. Nineteen local public health agencies (17%) have agreements with local amateur radio groups, and 2 agencies have satellite phones for emergency communication. (See Graph 3.3 thru 3.9 and Data Tables 3.5 thru 3.9)

Quality Improvement: 82% of agencies report having designated staff for planning and implementing quality improvement methods across public health programs. However, only 23% of agencies rate their capacity to utilize quality improvement principles throughout their organization as "very good".   Forty-six percent (46%) of agencies report they are doing "okay" in implementing quality improvement methods.   Eighty-one percent (81%) report that quality improvement and customer service characteristics are incorporated into staff performance expectations (down from 87% in 2003). (See Graphs 4.1 thru 4.3 and Data Tables 4.1 thru 4.3)

Strategic Planning: 89% of agencies report having a strategic plan. Of the 102 agencies that have a plan, 48% report that it was updated in 2003 or 2004. Forty-five percent (45%) have not updated their plan for 3 years or more. (See Graphs 6.1 and 6.1.1 and Data Tables 6.1 and 6.1.1)

Sixty-four percent (64%) of agencies report referring to their strategic plan from one to four times during the year; however, 21% do not ever refer to it. All agencies with a strategic plan involved their staff in its development or revision, 87% involved their governing body, and 57% involved members of their community.   Strategic plans are used by 68% of agencies for performance management, 67% use it for budget allocation, and 51% use the plan for marketing. (See Graphs 6.1.2 thru 6.1.4 and Data Tables 6.1.2 thru 6.1.4)